GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:62
ANSWERED ON:22.10.2008
SHORTFALL OF MANPOWER IN PHCS/ CHCS
Acharia Shri Basudeb;Reddy Shri Magunta Sreenivasulu

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) Whether as per the recent report on the National Rural Health Mission, there is a shortfall of doctors, lab technicians and pharmacists in a large number of Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the country;

(b) if so, the details thereof and the reaction of the Government thereto;

(c) whether absenteeism of a large number of doctors from duty, posted in the rural areas, has been reported;

(d) if so, the details thereof and the reasons therefor; and

(e) the action taken/proposed to be taken to fill up the vacant posts and to ensure proper healthcare facilities for the rural poor in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 62 FOR 22ND OCTOBER, 2008

(a)&(b) Yes, Sir. As per the "Bulletin on Rural Health Statistics, 2007", there is a shortfall of 1410 Doctors at Primary Health Centres [PHCs], 2341 Physicians at CHCs, 9455 Specialists at CHCs, 9795 Laboratory Technicians and 4910 Pharmacists at PHCs and CHCs as per earlier norms. The Indian Public Health Standards set higher norms for institutions. The Government is cognisant of the shortfall and is taking various measures under NRHM to mitigate the problem. There has been a significant addition of human resource under NRHM. As reported by the States (August 2008), a total of 10,489 medical doctors, 2231 Specialists, 3933 Ayush doctors, 17,979 Staff Nurses, 32,321 ANMs, 7,590 Paramedics and 831 Ayush paramedics have been engaged on contract under NRHM. This is in addition to 6.24 lakh ASHA volunteers engaged as community workers under NRHM.

(c)&(d): No State has reported large scale absenteeism of doctors under NRHM. However, the issue of non availability of doctors in rural areas has been reported. Health is a State subject and health manpower is in the domain of States. The service matters including recruitment, posting and disciplinary matters are the concern of the respective States/UTs Governments. Action in this regard is taken by the respective State/ UT Governments as per rules. However, NRHM has attempted to strengthen their accountability to PRIs/ Rogi Kalyan Samitis etc. It has also encouraged institution specific contractual employment based on local criteria to ensure availability of resident health workers.

(e) Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. Various initiatives include contractual engagement of health staff based on local residence criteria, multi-skilling of doctors and para- medics, provision of incentives to serve in rural areas like blended payments, difficult area allowances, PG allowance, case based payments, improved accommodation arrangements, provision of Ayush doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non- government sector for underserved areas through contracting in or contracting out of human resources, empowering the community to exercise greater control over health care facilities, provision of untied and flexible funds are a few of the many measures being undertaken to ensure proper health care facilities for the rural poor in the country. A national workshop on human resources was organized from 16-18 October, 2008 with all State Health Secretaries / Directors Health & Mission Director NRHM.